



MAY 1 0 2011

Maine Ethics Commission

GOMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLOYEES 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the <u>Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011</u>. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. *Please keep a copy of this form for your records.*

N.	AME AND CONTACT INFORM	MATION
Name Down Mealey Department/Agency/Bureau/Division Labor - Bureaud Empl Mailing Address, City, ZIP	layment Services	Title Acting Bureau Direct of Acting Confuguration Construction Work Phone (307) 623-7989 Cappoint
PART 1. INCOM	ME DERIVED FROM EMPLOY	YMENT BY ANOTHER
List the name and address of each employer from economic activity of each employer.	om whom you received compens	sation of \$1,000 or more. Specify the principal type o
☐ None	e (Comment of Comment	
Name of Employer	Address	Principal Type of Economic Activity of Employer
5tak of Maire	55 SKS 45 Commerce Dr. Augusta, ME O4	
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOY	YMENT OR LAW PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, and list the majo firm, professional association, or s	ior areas of economic activity or practice from which you similar business entity, list the major areas of economic
None	inggang ang ang ang ang ang ang ang ang a	
Name and Address of Business Entity or Law	Firm Major Areas of Eco Practice	
Name:		
Address:		
Name:		
Address:		

PART 2 (continued). INCOME DERIVED FRO	OM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that rewhichever is greater, and specify the principal type of economic activity of the enform of disclosure is prohibited by law, rule, or an established code of profess activity of the entity or person from whom the income was derived.	tity or person from whom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
	good and we are seen to the contract of the co
Name:	
Address:	
PART 3. OTHER SOURCES O	FINCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form box.	n. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	* P
Name: Address:	
Name:	
Address:	
PART 4. REPORTABLE LIA	BILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liabilities, or made as campaign contributions, or business loans from regulated financial institu	educational loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
	on the second se
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE 0	GIFTS
List the specific source of gifts received during the reporting period with an aggreg	gate value of more than \$300. If none, check the box.
₩ None	
Name of Source of Gift	Name of Source of Gift
1. 3.	
2 4	

PART 6.	REPORTABLE HONORARIA		
List the source of any honoraria accepted for appearances	or speeches related to your official ca	apacity or duties. If none, check the box.	
☑ None			
Name of Source of Honoraria	Name	e of Source of Honoraria	
1.	3.		
2.	· 4.		
PART 7. REPRESE List each executive branch agency before which you	NTATION BEFORE STATE AGE		
compensation of any amount other than your official sala none, check the box.	ry. Indicate whether you or a family	member appeared before the agency. If	
None	k wellat kepikki kepika ke mekata lanka kala ke pi tendi kebahi kani kala kani kala kanang pareg palga erang peraga.		
Name of Agency		Name of Agency	
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	INESS WITH STATE AGENCIES		
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or			
None			
Name of Agency	$1 \leq r \leq $	Name of Agency	
1.	3.		
2.	4.	e	
PART 9. INCOME RECEIN	/ED BY MEMBERS OF IMMEDIA	TE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki or more of income, list his or her name and job title. List of Do not include gifts.	nd of income represented. If your sp	ouse or domestic partner received \$1,000	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Incon Received	ne Kind of Income	
Name David & Mealey	1. Style Covernment 2. Rental Income	1. Employment 2. Rodal Income	
Name: David & Mealey Job Title: Mechanical Stores Supervisor			
	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:			
Job Title:			

		PART 10. OFFICE	R OR DIRECTO	R POSITIONS		
held any office	ofit or nonprofit corporation e, trusteeship, directorship, pensated. If a family memb	or position of any nate	ure. Indicate wheth	er you or a family held	d the position and who	iate family ether the posi-
☑ None						
erigina (maganga estertim permanastrum magangangastrum magangangastrum magangangangangangangangangangangangang B	Organization/Busines and Address	SS .	Title	Position Held By:	Family Member's Name	Compen- sated?
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l affirm that tr	ne contents of this report	are true, complete	and accurate to ti	ie best of my know	euge.	
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	Signature			` '	Jale	
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